



Commonwealth
of Massachusetts

Center for Health
Information and Analysis

All Payer Claims Database Data Volume Reports

2008 - 2012

March 2013

The Commonwealth of Massachusetts established an All Payer Claims Database (APCD) in 2010 as one of the largest data collection efforts undertaken by the state. Regulation 114.5 CMR 21.00, Health Care Payer Claims Data Submissions, requires health insurance payers to submit medical, pharmacy, and dental claims, as well as information about member eligibility, benefit design, and providers to the Center for Health Information and Analysis (CHIA) for Massachusetts residents. The goals of the APCD are to provide administrative simplification to payers and to provide access to timely, accurate, and relevant data for improving quality, mitigating costs, and promoting transparency in the health care delivery system.

The charts below depict the number of records submitted to the Center as of December 2012 by health insurance payers. These Data Volume Reports are a concise way of presenting the amount of APCD data collected by year and file type.

Please feel free to submit any questions related to the reports to the Center's APCD mailbox: CHIA-APCD@state.ma.us.

Thank you for your interest in the All Payer Claims Database.

Commonwealth of Massachusetts-Center for Health Information and Analysis (CHIA)
APCD Data Volume Reports 2008-2012 (based on data received by 12/19/2012)

United Healthcare Insurance Company - OptumHealth Vision														
File Type*	Submission Year	January	February	March	April	May	June	July	August	September	October	November	December	Total
PR	2010	0	0	0	0	0	0	0	0	0	0	0	0	0
PR	2011	0	0	296	0	0	312	0	0	274	0	0	312	1194
PR	2012	0	0	311	0	0	295	0	0	301				907
ME	2009	0	0	0	0	0	0	0	0	0	0	0	0	0
ME	2010	0	0	0	0	0	0	0	0	0	0	0	0	0
ME	2011	450,022	449,181	448,757	447,939	447,091	448,901	452,266	453,285	449,257	422,349	424,341	407,005	5,300,394
ME	2012	420,129	420,883	420,710	422,607	423,026	402,339	404,497	406,262	409,384	411,427	411,289		4,552,553
PV	2011	593	600	588	598	596	600	615	588	588	586	569	592	7113
PV	2012	573	594	569	573	587	592	571	575	578	567	577		6356
MC	2008	5,099	7,303	8,508	9,001	8,937	7,094	6,697	8,709	7,113	9,763	7,544	6,562	92,330
MC	2009	8,118	8,061	7,880	9,205	7,972	6,752	6,372	6,555	6,172	6,748	6,624	6,693	87,152
MC	2010	7,322	6,648	7,081	7,503	5,331	7,033	5,603	5,541	7,015	5,868	6,284	6,255	77,484
MC	2011	6,977	7,661	6,627	7,550	6,588	6,862	5,717	5,839	6,316	6,214	5,324	7,109	78,784
MC	2012	8,872	6,559	7,060	6,747	7,083	6,010	5,113	6,440	6,101	7,152	6,197		73,334
PC	2008	0	0	0	0	0	0	0	0	0	0	0	0	0
PC	2009	0	0	0	0	0	0	0	0	0	0	0	0	0
PC	2010	0	0	0	0	0	0	0	0	0	0	0	0	0
PC	2011	0	0	0	0	0	0	0	0	0	0	0	0	0
PC	2012	0	0	0	0	0	0	0	0	0	0	0	0	0
DC	2008	0	0	0	0	0	0	0	0	0	0	0	0	0
DC	2009	0	0	0	0	0	0	0	0	0	0	0	0	0
DC	2010	0	0	0	0	0	0	0	0	0	0	0	0	0
DC	2011	0	0	0	0	0	0	0	0	0	0	0	0	0
DC	2012	0	0	0	0	0	0	0	0	0	0	0	0	0

***Key:** PR=Product Records; ME=Member Eligibility Records; PV=Provider Records; MC=Medical Claim Lines; PC=Pharmacy Claim Lines; and DC=Dental Claim Lines.

The Volume Report presents the APCD inventory as of December 2012 and reflects the related compliance requirements:

- Medical, pharmacy, and dental submissions are required monthly beginning January 2008.
- Provider submissions are required monthly beginning January 2011. The May 2011 submission contains historical records from 2008 through May 2011.
- Product submissions are required quarterly beginning December 2010. The May 2011 submission contains historical records from 2008 through 2010 plus 2011, quarter one.
- Member eligibility submissions are required monthly beginning in January 2011. Prior to 2011, payers were required to submit two eligibility files: a December 2009 eligibility submission covering calendar years 2008 and 2009, and a December 2010 eligibility submission covering calendar years 2009 and 2010. Eligibility files contain data for twenty-four months of member eligibility.
- The APCD liaisons monitor and enforce compliance rules and authorize exceptions. Some carriers have incomplete data due to: exemptions from filing, limited claim or member base, phasing into APCD and are currently in testing or ramping up their production data filings, are in the process of updating specific submissions, and /or non-compliance.

These numbers represent the number of records submitted, not actual counts of members, providers, products or claims.







